

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/585532 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1					
5	1					
6	1					
7	1					
8	7					
9	7					
10	7					
11	0					
12	1					
13	0					
14	4					
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1					
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49						
50						
TOTAL IND.			2			
TOTAL DEP.		17				
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						